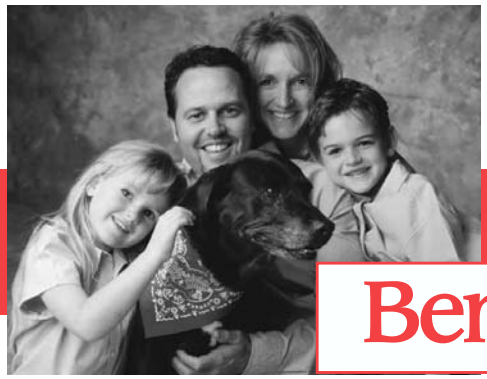

HealthPlus OF MICHIGAN

The Plus makes all the difference.

Benefit Summary

BENEFIT LEVEL ~ BU
Effective 1-01-06

PHYSICIAN SERVICES	
Office Visits for Illness or Injury	$10 Copayment per Office Visit
Periodic Physical Exams, Well-Child Care, and Preventive Health Visits	$10 Copayment per Office Visit
Immunizations	$0 Copayment
Maternity Care, including Prenatal and Postpartum Care	$0 Copayment
Professional Services that do not require a referral (e.g., anesthesiology, pathology, radiology)	$0 Copayment
Professional Services which require a referral (other than office visits)	$0 Copayment
Hospital and Skilled Nursing Facility Visits	$0 Copayment
Allergy Services	$0 Copayment
OUTPATIENT, OFFICE LABORATORY AND RADIOLOGY	$0 Copayment
EMERGENCY SERVICES	
Hospital Emergency Room (In-Area) or (Out-of-Area)	$0 when admitted to Hospital. $50 Copayment per Visit for other use.
After Hours Clinic, or Freestanding Emergency Center (In-Area) or (Out-of-Area)	$10 Copayment per Visit
Physician Services in conjunction with emergency care	$0 Copayment
GROUND AMBULANCE SERVICES	$0 when an emergency or arranged in advance by HealthPlus. $25 Copayment per occurance for other use.
PRESCRIPTION DRUGS	
Generic	$5 Copayment per prescription
Brand	$10 Copayment per prescription
Mail Order Service through Express Scripts	Up to a 34-day supply..one copayment A 35-90 day supply....two Copayments
HOSPITAL SERVICES	
Inpatient Care	$0 Copayment
Outpatient Surgery	$0 Copayment
Other Outpatient Services and Supplies	$0 Copayment

BENEFIT LEVEL ~ BU
Effective 1-01-06

MENTAL HEALTH SERVICES when authorized in advance by HPM, and when under the direction or care of an HPM Preferred Mental Health Provider	
Hospital Inpatient Care (Limited to 45 days per member per benefit year)	$0 Copayment
Intermediate Care, including: 1. Day Treatment Program (2 days = 1 inpatient day)	$0 Copayment
Outpatient Care (Limited to 20 visits per member per benefit year)	$10 Copayment per Office Visit
SUBSTANCE ABUSE SERVICES when authorized in advance by HPM, and when under the direction or care of an HPM Preferred Substance Abuse Provider	
Hospital Inpatient Care	$0 Copayment
Intermediate Care, including:	$0 Copayment
1. Day Treatment Program	$0 Copayment
2. Residential	
Outpatient Care	$10 Copayment per Office Visit
HOSPICE	$0 Copayment
SKILLED NURSING FACILITY (Limited to 730 days per Member per lifetime)	$0 Copayment
Short-term private duty skilled nursing care	$0 Copayment
DURABLE MEDICAL EQUIPMENT **ORTHOTIC AND PROSTHETIC DEVICES**	$0 Copayment
HOME HEALTH CARE	$0 Copayment
HEARING AIDS	$0 Copayment

Not Covered:

- *Services not provided or authorized by your primary care physician, except for emergencies*
- *Services and supplies that are not medically necessary, except checkups and related care to help maintain good health*
- *Dental care*
- *Cosmetic surgery*
- *Custodial care*
- *Eye glasses or contact lenses (except for the initial pair prescribed after cataract surgery)*
- *Exams for employment, licensing, insurance, travel, education, or sport purposes*
- *Services to the extent benefits are received or payable under Workers' Compensation, any insurance plan or state or federal laws*
- *Experimental treatments*
- *Vocational rehabilitation*
- *Personal or comfort items, such as television set or telephone*
- *Orthopedic footwear (unless attached to a brace, or outflow shoes)*
- *Sex transformation surgery and all expenses connected with that surgery*
- *Reversals of voluntary sterilization, all forms of in vitro fertilization, transsexual surgery, all services related to surrogate parenting arrangements, and all associated services and preparatory treatment related to any of the above. Artificial insemination is not a benefit except when approved by a Plan Physician for treatment of infertility*
- *Wigs or prosthetic hair*
- *Services or supplies from convalescent homes, homes for the aged, or adult foster care facilities*
- *Prescription Drugs, services, supplies provided on an outpatient basis and not specifically identified as being covered by the plan*
- *24-hour skilled nursing care in the home*
- *Private duty nursing in the inpatient hospital setting*
- *Routine foot care*

This summary of benefits and copayments has been prepared to serve as a quick and easy source of information about the health benefits provided by HealthPlus. It does not modify or take the place of the Subscriber Contract and/or applicable rider(s). Please refer to the Subscriber Contract and applicable rider(s) for a complete description of the specific benefits available. Services must be obtained from participating plan physicians and providers.